



**REQUEST FOR YOUTH PARTICIPATION
IN NON-MEDICAL, NON-COSMETIC, AND NON-PHARMACEUTICAL
RESEARCH PROJECTS**

Name of Requesting Person(s): _____

Agency: _____

Division: _____ Unit: _____

Address: _____ Phone: _____

Will youth receive any compensation, remuneration or payment of any kind? ☐ No ☐ Yes

If yes, permission will be denied.

1. Purpose of proposed research project: _____

2. Youth involvement in proposed research project: _____

Youth

Date

Parent/Guardian

Date

Bottom portion to be completed by the YCC Bureau Chief, YSD Administrator and Director

Approved ☐ Denied ☐

Limits and/or conditions under which this project may be conducted: _____

YCC Bureau Chief

Date

YSD Administrator

Date

Director

Date